Appendix A
Description of WardSIM Simulation Scenarios and Class-room Based Activities

Simulated scenarios
The immersive scenarios recreated ward calls commonly encountered by junior doctors[1] – a patient fall, chest pain, shortness of breath, hypoglycaemia, postoperative abdominal pain, an adverse medication interaction, and a case of iatrogenic overdose.

To begin scenarios, nursing students received verbal handover of a stable ward patient from nursing faculty. A single nursing student then entered the patient room where a significant change had occurred in the patient condition since handover. The nursing student was expected to make an assessment, call for medical review via text page, and begin management. Students could call another nursing student to assist, and consult via phone call with senior nursing and medical staff as they saw appropriate (roles taken by faculty). A medical student entered the room 10 minutes after the nursing student, having spent the intervening time discussing an approach to the generic patient problem e.g. bleeding on warfarin. Expected team management included briefing of the medical student by the nursing student, further assessment, phone consultation with appropriate senior personnel, and sharing the approved plan among the team and with the patient. Scenarios terminated 15 minutes after the arrival of the medical student. Pharmacy students observed two scenarios on Day Two before taking an active part in the final two scenarios; focusing on identification of drug interactions and communicating this to their team members.

Debrief
Debriefing sessions occurred after all simulations and averaged 25 minutes. Each student group was debriefed by at least one medical faculty member and frequently a member of the nursing faculty co-debriefed. Debriefers were encouraged to use the structure of 1. Reaction, 2. Exploration, 3. Analysis, and 4. Generalising[2].

Classroom-based Activities
These were 25-minute sessions involving approximately 30-40 students and two of more faculty. Small group discussion and reporting back were incorporated in each activity. The eight topics are listed in the box below:

1. Accurate and structured documentation of clinical notes
2. A structured clinical communication tool: ISBAR (Introduction, Situation, Background, Assessment, Request/Recommendation)
3. Inter-professional patient handover
4. Patient early warning scoring tools
5. Clinical task prioritisation
6. Graded assertiveness
7. Medication reconciliation
8. Identification of medication charting errors

References
S1. Corriere MD, Hanson JL, Hemmer PA, Denton GD. Overnight call: a survey of medical student experiences, attitudes, and skills. Teaching and learning in medicine. 2013 Jan 1;25(1):64-70.
S2. Fanning RM, Gaba DM. The role of debriefing in simulation-based learning. Simulation in healthcare. 2007 Jul 1;2(2):115-25.